MARYLANDSTATE ETHICS COMMISSION
45 Calvert Street, 3rd Floor
Annapolis, MD 21401
410-260-7770 / 1-877-669-6085 http://ethics.maryland.gov

INDIVIDUAL LOBBYIST BUSINESS TRANSACTIONS WITH OFFICIAL DISCLOSURE FORM

(Form 21 - Use One Form for Each Official)

Period o	covered by this report: November 1, 20 through April 30, 20 May 1, 20 through October 31, 20 Other Previous Six-Month Period Covering through
transact \$1,000 report p Activity purpose Assemb Comptre includes official of	ons: Use this form to report a business transaction or a series of business tions with an official or related business entity, involving the exchange of value of or more for a single transaction or of \$5,000 or more for a series of transactions. The ertains to the same six-month period as the lobbying Activity Report even if the Report covers less than six months due to a lesser period of registration. For the of this disclosure, an official includes the offices of a member of the General bly, Governor, Lieutenant Governor, Attorney General, Secretary of State, oller, State Treasurer or Secretary of a principal State Department. Official also is the spouse of the above officials and the officials or spouse's business entities if the or spouse participates as a proprietor or partner or if these persons have a 30% or wnership interest in the entity. You must disclose both direct and indirect transactions eport.
PART A	A. IDENTIFICATION OF INDIVIDUAL REGULATED LOBBYIST
a)	Name of Individual Regulated Lobbyist
b)	Permanent Address (Include firm name if applicable)
c)	Business Telephone ()_
PART E	B. DESCRIPTION OF TRANSACTION OR TRANSACTIONS
	date(s) of the business transaction(s), the name of the official involved in the tion(s) and the nature and value of anything exchanged as part of the transaction(s).
a)	List the day, date and year of each transaction.

b)	List the name and title of the official involved in the transaction(s).			
c)	Describe the transaction(s), the value of what was exchanged, and whether the transaction(s) was with the official, spouse, or business entity deemed to be affiliated with either. If there are multiple transactions listed by date in a. above, describe each transaction separately.			
ART (
	C.Signature	e and Oath		
cludin	g any attac	ar or affirm under the penalties of hments thereto are complete, tru ation and belief.	perjury that the contents of this report e and correct to the best of my	
	[SEAL]	Signature of Person Filing: _ Date:		
		Sworn to before me this	, day of, 20	
	Printed/t	yped Name of Notary Public: _ My Commission Expires: _		